



KENTUCKY STATE BOARD OF PHYSICAL THERAPY

Ernie Fletcher
Governor

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Rebecca E. Klusch
Executive Director

SUPERVISORY AGREEMENT FOR PHYSICAL THERAPIST EXAMINATION CANDIDATE

A Kentucky candidate for Physical therapist licensure by examination may be granted a **one time** temporary permit to practice when a completed "Supervisory Agreement" is received by the board AND all other application requirements are met. The Permit will be effective until the candidate has received the results of the examination from the Kentucky Board of Physical Therapy.

201 KAR 22:020 Section 7.

(1) Upon issuance of a temporary permit for a physical therapist applicant:

(a) The physical therapist applicant shall work only under the supervision of a physical therapist practicing in Kentucky on an unrestricted credential;

(b) The supervising physical therapist for the physical therapist applicant shall:

1. Be available and accessible by telecommunications at all times during the working hours of the applicant with a temporary permit;
2. Be responsible for the direction of the actions of the person supervised when services are performed by the person with a temporary permit;
3. Cosign all evaluations and physical therapy notes within fourteen(14) days; and
4. Document the date of the record review.

I, _____, agree to assure physical therapist supervision for P.T. examination candidate _____ as required in 201 KAR 22:020. By signing this agreement, we certify that the candidate will **not begin job orientation, is not now, and will not practice, be classified, or hold himself out as a physical therapist in any manner in Kentucky until a temporary permit is granted** by the Kentucky State Board of Physical Therapy. We acknowledge that the unlicensed practice of physical therapy is in violation of KRS 327.020, and should we participate in such practice that each person is subject to any/all disciplinary actions described therein. Should this agreement be voided, we will advise the board in writing immediately. We also acknowledge that 201 KAR 22:020 does not permit a person who fails to sit for, or fails the exam in this or another state to continue to work in Kentucky as a physical therapist.

Anticipated Date of Employment: _____

Signature of PT Supervisor

Signature of Examination applicant

Print or type PT Name Lic #

Print or type applicant name

Date signed: _____

Date Signed: _____

FACILITY IN WHICH SUPERVISED PRACTICE WILL TAKE PLACE

NOT name of company you will be working for. List additional sites on reverse of this page.

Facility Name

Street Address

City State & Zip code

County (_____) Telephone